



Illinois Department of Revenue

CPP-1-A ACH Debit Payment Authorization for Installment Payment Plan

Step 1: Identify yourself (and spouse, if applicable)

A _____
Your Social Security number

Your spouse's Social Security number

Your first name and middle initial

Last name

Your spouse's first name and middle initial

Last name

Street address - **No** PO Box number

Apartment or suite number

City

State

ZIP

Your email address

(_____) _____
Your home phone number

(_____) _____
Your work phone number

(_____) _____
Your mobile phone number

(_____) _____
Your spouse's phone number

B If business debt, identify your business or organization

Federal employer identification number (FEIN)

Illinois account ID

Legal business name:

Doing-business-as (DBA), assumed, or trade name, if different from the legal business name on the line above:

Business mailing address

City

State

ZIP

Name of person responsible for remitting payments

(_____) _____
Phone number

(_____) _____
Alternate phone number

Step 2: Describe your ACH payment frequency

1 Check **one** of the following options to describe how often you will make payments.

☐ One payment per month
Date of month ____

☐ One payment per week
Day of week _____

☐ One payment every other week
Day of week _____

Step 3: Provide your financial institution and account information

6 _____
Financial institution's name

Mailing address

City

State

ZIP

Name(s) on the account (list all names)

Routing number

☐ Checking or ☐ Savings

Find your routing number at the bottom of your check (for checking accounts) or contact your financial institution for the routing number (for savings accounts).

Account number

☐ Check this box to authorize ACH debit payments from this account.

Step 4: Read the statement and sign below

I agree to, and understand, that (1) the Illinois Department of Revenue (IDOR) is authorized to use the information on this form to make withdrawals (ACH debits) at the frequency I selected in Line 5 and from the account listed on Line 6 in accordance with the Department of Revenue Law of the Civil Administrative Code of Illinois and all applicable Illinois tax acts, and that this authorization remains in effect until the debt is paid or I notify IDOR in writing to cancel; (2) IDOR may request additional information about my financial condition and I may be required to pay a higher amount than the payment plan described above; (3) **IDOR has the discretion to file a lien at any time, including, but not limited to, when IDOR determines there is a risk of non-payment;** (4) IDOR may contact me about this payment plan at any address and phone number listed in Step 1 (this includes electronic communication by email or text); and (5) if I do not remit the scheduled payment, file all required returns, and pay all taxes when due, IDOR may cancel my installment payment plan, my entire unpaid balance will become due immediately, and IDOR may take enforcement action, including levy of my bank account or wages. Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete.

Your signature or authorized officer (if officer, write title)

Month, day, year

Please fax your completed form to us at 217 785-2635 or mail it to:

INSTALLMENT CONTRACT UNIT
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19035
SPRINGFIELD IL 62794-9035

Department use only

Approved by assignee

Date approved by assignee

Approved by supervisor

Date approved by supervisor